

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006217

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 19

FILED MAR 12 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fayette</u>		c. CITY OR TOWN <u>Glasgow</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Keller Memorial Hosp.</u>		d. STREET ADDRESS <u>Handy St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Henry FRANK HASKAMP JR.</u>		4. DATE OF DEATH <u>Feb. 24, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 9, 1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shop Foreman</u>		11. BIRTHPLACE (City and state or country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>Henry Haskamp</u>	
14. MOTHER'S MAIDEN NAME <u>Frances Anna Haskamp</u>		15. NAME OF HUSBAND OR WIFE <u>Linda Vernell Haskamp</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>None</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe Skull Injury</u> Car accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Car accident</u> DUE TO (c) <u>Car accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 min.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car injury</u>	
20c. TIME OF INJURY <u>10:00 a.m. Feb. 24-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In car - on Road</u>		20f. CITY, TOWN, OR LOCATION <u>Fayette</u> COUNTY <u>Howard</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>10:15 AM - 11:00 AM</u> , to <u>11:00 AM</u> , and last saw him alive on <u>Feb 24-63</u> . Death occurred at <u>11:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Wm. J. Shaw, M.D.</u> (degree & title)	
22b. ADDRESS <u>Fayette Mo.</u>		22c. DATE SIGNED <u>3-4-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Feb. 26, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	
23d. LOCATION (City, town, or county) <u>Glasgow Mo</u>		23e. DATE RECD. BY LOCAL REG. <u>3-4-63</u>	
23f. FUNERAL DIRECTOR <u>Thurmonth Funeral Service</u>		23g. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*E. W. Triemont*

Licensed Embalmer No.

*3978*

P. O. Address

*Glasgow, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.